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MPI Generali Insurans Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
MPI Generali Insurans Berhad dilesenkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.

PUBLIC LIABILITY INSURANCE PROPOSAL FORM BORANG CADANGAN INSURANS LIABILITI AWAM

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

PREMIUM WARRANTY : It is fundamental and absolute special condition of this contract that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this policy/endorsement/renewal certificate.
If this condition is not complied with then this contract is automatically cancelled and the Insurer shall be entitled to the pro rata premium on the period they have been on risk.

WARANTI PREMIUM : *Syarat penting dan mutlak khusus bagi kontrak insurans ini ialah bahawa premium kena dibayar mestilah dibayar dan diterima oleh penanggung insurans dalam masa enam puluh (60) hari dari tarikh permulaan polisi/pengendorsan/sijil pembaharuan.
Jika syarat ini tidak dipatuhi maka kontrak ini dibatalkan secara automatik dan penanggung insurans adalah berhak terhadap premium prorata dalam tempoh mereka menanggung risiko.*

Name of Proposer / Nama Pencadang :

I/C or Company No. / No. Kad Pengenalan atau No. Syarikat :

Postal Address / Alamat Surat-menyurat :

..... Post Code / Poskod :

Occupation / Pekerjaan :

Tel No. / No. Telefon :

Period of Insurance From / Tempoh insurans Dari :

To / Hingga :

GST Declaration (Mandatory) / Pengesahan GST (Wajib)

1. Are you a GST Registrant / Adakah anda pendaftar GST? Yes / Ya No / Tidak

If Yes, please provide the following / Jika ya, sila jawab yang berikut :

GST Registration No. / No. Pendaftaran GST : GST Registration Date / Tarikh Pendaftaran GST :

GST Registration Termination Date / Tarikh Pembatalan Pendaftaran GST : (if applicable / jika berkenaan)

2. This insurance is purchase for / Tujuan pembelian insurans ini : Personal Use /Kegunaan Peribadi Business Use / Kegunaan Perniagaan

FOR OFFICE USE ONLY / UNTUK KEGUNAAN PEJABAT SAHAJA

Cover Note / Nota Perlindungan:

Agent / Wakil :

Policy No. / No. Polisi :

<p>1. Address and description of all premises from which you operate. If you do occupy the whole of the building or other premises, state which part that you occupy and give details of other occupants.</p>	
<p>2. Give details of any</p> <p>(a) passenger lifts, escalators, cranes or hoist</p> <p>(b) unlicensed mechanically propelled vehicles</p> <p>(c) locomotives</p> <p>to be included in this insurance</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>3. Are all your premises plant and machinery in good repair?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. (a) Explain the nature of your activities away from your premises.</p> <p>(b) If digging is involved, state depth below ground level.</p>	<p>(a)</p> <p>(b)</p>
<p>5. (a) State the number of employees and estimated payroll:-</p> <p>i) at your premises</p> <p>ii) elsewhere</p> <p>(b) If you employ sub-contractors, state</p> <p>i) the nature of the sub-contract work</p> <p>ii) the estimated annual payments to them</p>	<p>i)</p> <p>ii)</p> <p>i)</p> <p>ii)</p>
<p>6. Give particulars of</p> <p>(a) radioactive substances used or stored</p> <p>(b) explosives or highly inflammable goods used or stored</p> <p>(c) any effluent, fumes or anything of a noxious nature discharged from your premises</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>7. (a) Are you at present Insured or have you ever proposed for insurance in respect of your liability to public? If so, give names of Insurers.</p> <p>(b) Has any Insurer</p> <p>i) declined to Insure you ?</p> <p>ii) required special terms to insure you ?</p> <p>iii) cancelled or refused to renew your insurance ?</p>	<p>(a)</p> <p>(b)</p> <p>i) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ii) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>iii) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. What claims have been made on you during the last five years?</p>	
<p>9. What other insurances have you with the Company?</p>	
<p>10. Please state the limit of indemnity required</p> <p>(a) For any one accident.</p> <p>(b) For the above term of insurance.</p>	
<p>11. Title and details of the project/contract</p>	

IN COMPLIANCE WITH SECTION 16(2) OF THE ANTI-MONEY LAUNDERING ACT 2001

SELARAS DENGAN PEMATUHAN SEKSYEN 16(2) AKTA PENCEGAHAN PENGUBAHAN WANG HARAM 2001

I hereby certify that the Proposer's original NRIC/Business Registration Certificate was verified and authenticated by me at the point of sales. / *Saya dengan ini mengesahkan bahawa Nombor Kad Pengenalan (KP)/Sijil Pendaftaran Pemiagaan asal pemohon telah disahkan ketulenannya ketika urusniaga dijalankan.*

Third Party verification / *Pengesahan Pihak Ketiga*

("Third Party" means insurance agents, insurance brokers or staff of insurance companies / "*Pihak Ketiga*" bermaksud agen insurans, broker insurans atau kakitangan syarikat insurans)

Signature / *Tandatangan* :

Name / *Nama* :

NRIC / *No. KP* :

Date / *Tarikh* :

Note / <i>Nota</i>	To maintain a copy of the NRIC for applicants for individual insurance policies where the premium is more than RM50,000 or copy of the Memorandum/Article/Certificate of incorporation/Partnership/Form 24 & 49 for corporate insurance policies where the premium is more than RM100,000. <i>Sesalinan KP perlu disimpan bagi pemohon yang mengambil polisi insurans individu yang mana premiumnya melebihi RM50,000 atau sesalinan Memorandum/Artikel/Sijil Pemerbadanan/Perkongasian/Borang 24 & 49 bagi pemohon yang mengambil polisi insurans Korporat yang mana premiumnya melebihi RM100,000.</i>
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PERSONAL DATA PROTECTION ACT, 2010

AKTA PERLINDUNGAN DATA PERIBADI, 2010

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DECLARATION

PENGAKUAN

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above. I/We also agree that no insurance shall commence until the Proposal has been accepted by the Company.

Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam Borang Cadangan ini dan saya/kami dengan ini mengaku bahawa saya/kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas. Saya/Kami bersetuju bahawa insurans tidak akan berkuatkuasa sehingga Cadangan ini telah diterima oleh Pihak Syarikat

Date
Tarikh

Signature of Proposer
Tandatangan Pencadang